**Continuation of Box No. II APPLICANT(S): FURTHER APPLICANT(S)**

**If none of the following sub-boxes is used, this sheet is not to be included in the demand.**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).*

ARBISER, Jack L.
1690 Parliament Blvd.
Atlanta, GA 30329
United States of America

| State *(that is country)* of nationality: US | State *(that is, country)* of residence: US |
|---|---|

Name and address: *(Family name followed by given name; for a legal entity, full official designation.. The address must include postal code and name of country.)*

WHITMIRE, David
P. O. Box 393
Atlanta, GA 30677
United States of America

| State *(that is, country)* of nationality: US | State *(that is, country)* of residence: US |
|---|---|

Name and address: *(Family name followed by given name; for a legal entity, full official designation.. The address must include postal code and name of country.)*

FURNESS, M. Scott
9518 Beck Court
Bethesda, MD 20817

| State *(that is, country)* of nationality: US | State *(that is, country)* of residence: US |
|---|---|

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).*

| State *(that is country)* of nationality: | State *(that is, country)* of residence: |
|---|---|

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).*

| State *(that is country)* of nationality: | State *(that is, country)* of residence: |
|---|---|

☐ Further applicants are indicated on a continuation sheet.

International application No.
PCT/US03/02105

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is [X] agent [ ] common representative

and [X] has been appointed earlier and represents the applicant(s) also for international preliminary examination.

[ ] is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

[ ] is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(family name followed by given name; for a legal entity, full official designation.*
*The address must include postal code and name of country.)*

COLEMAN, Henry D.
Coleman Sudol Sapone, P.C.
714 Colorado Avenue
Bridgeport, CT 06605-1601
United States of America

Telephone No.
(203) 366-3560

Facsimile No.
(203) 335-6779

Teleprinter No.

[ ] **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**

**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination **to start on the basis of:**

[X] the international application as originally filed

the description [ ] as originally filed
[ ] as amended under Article 34

the claims [ ] as originally filed
[ ] as amended under Article 19 (together with any accompanying statement)
[ ] as amended under Article 34

the drawings [ ] as originally filed
[ ] a amended under Article 34

2. [ ] The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. [ ] The applicant wishes the start of the international preliminary examination **to be postponed** until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination:**
...English.....
[X] which is the language in which the international application was filed.
[ ] which is the language of a translation furnished for the purpose of international search.
[ ] which is the language of publication of the international application.
[ ] which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby **elects all eligible States** *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*,

excluding the following States which the applicant wishes **not to elect**:

International application No.
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**Box No. VI CHECK LIST**

| The demand is accompanied by the following elements, in the language referred to in Bo No. IV, for the purpose of international preliminary examination: | | | For International Preliminary Examining Authority use only: received | not received |
|---|---|---|---|---|
| 1. translation of international application | : | sheets | ☐ | ☐ |
| 2. amendments under Article 34 | : | sheets | ☐ | ☐ |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets | ☐ | ☐ |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets | ☐ | ☐ |
| 5. letter | : | sheets | ☐ | ☐ |
| 6. other *(specify)* | : | sheets | ☐ | ☐ |

The demand is also accompanied by the item(s) marked below:

1. [X] fee calculation sheet
2. [ ] separate signed power of attorney
3. [ ] copy of general power of attorney; reference number, if any:
4. [ ] statement explaining lack of signature
5. [ ] Nucleotide an or amino acid sequence listing in computer readable form
6. [ ] other *(specify)*:

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).*

Henry D. Coleman

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. [ ] The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply [ ] The applicant has been informed accordingly.

4. [ ] The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. [ ] Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

Demand received from IPEA on:

For International Bureau use only

# PCT

**CHAPTER II**

## FEE CALCULATION SHEET

**Annexe to the Demand for international preliminary examination**

| | |
|---|---|
| International application No. PCT/US03/02105 | For International Preliminary Examining Authority use only |
| Applicant's or agent's file reference G25-073 | Date stamp of the IPEA |

Applicant: The University of Georgia Research Foundation, Inc.

**Calculation of prescribed fees:**

| | | |
|---|---|---|
| 1. Preliminary examination fee | $490.00 | P |
| 2. Handling fee *(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)* | $146.00 | H |
| 3. Total of prescribed fees. Add the amounts entered at P and H and enter total in the TOTAL box | **$636.00** TOTAL | |

**Mode of Payment**

- [ ] authorization to charge deposit account with IPEA (see below)
- [ ] cash
- [X] cheque
- [ ] revenue stamps
- [ ] postal money order
- [ ] coupons
- [ ] bank draft
- [ ] other *(specify)*:

**Deposit Account Authorization** *(this mode of payment may not be available at all IPEAs)*

The IPEA/ US

- [ ] is hereby authorized to charge the total fees indicated above to my deposit account.
- [X] *(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)* is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

| 04-0838 | 6/27/03 | |
|---|---|---|
| Deposit Account No. | Date *(day/month/year)* | Signature |